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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2002 8:00 am
Secretary of State

05-24-2002 91319 026 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 728736

1. Entity Name

INDIAN RIVER SHORES RESIDENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 8284 VERO BCH. FL 32963	P. O. BOX 8284 VERO BCH. FL 32963

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7400546 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OCONNOR, PENNLOPE 121 SHORES DR VERO BEACH FL 32963	Name: James O'Grady Street Address (P.O. Box Number is Not Acceptable): 8421 Sable Palm Court City: Indian River Shores FL Zip Code: 32963

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: James O'Grady Jr. President 4/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	President ☐ Change ☑ Addition
NAME	OCONNOR, PENELOPE	NAME	James O'Grady Jr.
STREET ADDRESS	121 SHORES DRIVE	STREET ADDRESS	8421 Sable Palm Court D
CITY-ST-ZIP	VERO BCH FL 32963	CITY-ST-ZIP	Indian River Shores, FL 32963
TITLE	VPD ☒ Delete	TITLE	1st Vice President ☐ Change ☑ Addition
NAME	O' GRADY, JAMES	NAME	Barbara Tilney
STREET ADDRESS	8431 SABLE PALM CT	STREET ADDRESS	5725 N. A1A D
CITY-ST-ZIP	VERO BEACH FL 32963	CITY-ST-ZIP	Indian River Shores, FL 32963
TITLE	VPD ☒ Delete	TITLE	2nd Vice President ☐ Change ☑ Addition
NAME	ZECK, WALTER	NAME	Bobbe Skyler
STREET ADDRESS	4645 PEBBLE BAY SOUTH	STREET ADDRESS	540 N. Sundance Trail D
CITY-ST-ZIP	VERO BCH FL 32963	CITY-ST-ZIP	Indian River Shores, FL 32963
TITLE	ST ☒ Delete	TITLE	Secy/Treas. ☐ Change ☑ Addition
NAME	GOETT, JAMES	NAME	James Goett
STREET ADDRESS	400 BCH RD, #142	STREET ADDRESS	400 Beach Rd, #142 D
CITY-ST-ZIP	VERO BCH FL 32963	CITY-ST-ZIP	Indian River Shores FL 32963
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James O'Grady Jr. President 4/15/02 772-569-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)